

ASSET DELETION FORM

Department _____

Account Number _____

Date _____

Name of Individual to Contact to Schedule Pickup of Item(s) _____ ext _____

Item Number	Inventory Tag # (if applicable)	Description of Item	Location of Item	Status (Good, Broken, Obsolete, Stolen, or Missing)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

I CERTIFY THAT THE ABOVE ITEMS AND THEIR DESCRIPTIONS ARE TO MY KNOWLEDGE, TRUE AND CORRECT.

Releasing Fund Supervisor or Department Director or Dean:

Name	Title	Signature	Date
------	-------	-----------	------

Central Receiving:

Name	Title	Signature	Date
------	-------	-----------	------

*A copy of this Form will be provided to the Business Office.